

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

25855

FILED AUG 11 1941

Registration District No. 286

Primary Registration District No. 5914

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Indian Township Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Mary Belle Moore

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Moore 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased March 13th 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George W. Straube

13. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Joan Williams

15. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gilbert Moore

(b) Address Bowling Green, Mo.

17. (a) Burial (b) Date thereof 7/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Cemetery

18. (a) Signature of funeral director Graves Bandel

(b) Address Bowling Green, Mo.

19. (a) July 28 1941 (b) Paul E. Henderson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town New Hartford Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Indian Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26  
year 1941 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from 7/26, 1941, to 7/26, 1941;  
that I last saw him alive on 7/20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lung cancer Duration 10 days

Due to Thrombus in vein

Due to \_\_\_\_\_

Other conditions Myocardial infarction 591  
(Include pregnancy within 6 months of death)

Major findings: Of operations 938

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul E. Henderson (M. D. or other) 7/28/41

Address Bowling Green, Mo. Date signed 7/28/41

RECEIVED

District Health Officer No. 10

District File Number

8-41-1447

Date Filed

AUG 6 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Grace Bankshead

Licensed Embalmer No.

2204

P. O. Address

Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.